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(Type or print) David Edward Winchester OF DEATH # 2 5. SEX P 6. COLOR OR RACE Winder MARRIED NEVER MARRIED NEVE	Reside on Farm Yes No 🔼
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20c. TIME OF Hour Month, Day, Year	WAS AUTOPSY PERPORMED? YES NO
x	
20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, sctory, street, office bldg., etc.) YORK 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
21. I attended the deceased from 4-13-59, to 4-20-29 and last saw her him alive on 4-20	-59
Death occurred at m on the date stated above; and to the best of my knowledge, from the caus 22a. SIGNATURE) & (Dearse or title) D 22b. ADDRESS	
22a. SIGNATURE) (Degree or title) 22b. ADDRESS 1710 Funder Due	20. PATE SIGNED
TITE THEMOVAL (SOOTIS) 4-22-59 Mt. MONSHERELE LANGE LILY.	Mo.
24. EUNERAL SUPECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	. 00
(License Statement on Reverse Side)	ary

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	ecorded on the reverse side of th	is certificate was embal
by me, or by	Student	Embalmer No

working under my personal supervision.

Signature of Student Embalmer

Lacensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.